

WATER LICENCE APPLICATION FORM

Application for: (check one)

☐ New ☐ Amendment ☒ Renewal ☐ Assignment

LICENCE NO:

(for NWB use only)

1. NAME AND MAILING ADDRESS OF APPLICANT/LICENSEE

WMC International Limited
8008 East Arapahoe Court, Suite 110
Englewood, Colorado USA
80112

Phone: (303)-268-8325

Fax: (303)-268-8370

e-mail: Jeff.Welborn@wmc.com

2. ADDRESS OF CORPORATE OFFICE IN CANADA (if applicable)

WMC International Limited
BCE Place
181 Bay Street, Suite 3000
P.O. Box 185, Toronto, Ontario
M5J 2T3

Phone: (416) 869-3635 x239

Fax: (416) 869-3359

e-mail: _____

3. LOCATION OF UNDERTAKING (describe and attach a topographical map, indicating the main components of the undertaking)

Meliadine Lake area, Nunavut (please see attached maps)
Camp located at lat/long coordinates below

Latitude: 63°01'30" Longitude: 92°10'20" NTS Map No. 55 J, K, N, O Scale 1:250,000

4. DESCRIPTION OF UNDERTAKING (attach plans and drawings)

1. Domestic water supply for a 45-60 person camp by way of a submersible pump in Meliadine Lake to provide approximately 5000 litres per day during peak period of April 1 to November 30, 2003.

2. Water for diamond drilling in the area of the exploration program outlined on the attached 1:250,000 NTS maps.

5. TYPE OF UNDERTAKING (A supplementary questionnaire must be submitted with the application for undertakings listed in "bold")

☐ Industrial

☐ Mine Development

☐ Advanced Exploration

☒ Exploratory Drilling

☐ Remote/Tourism Camps

☐ Municipal

☐ Power

☒ Other (describe): Exploration Camp

6. WATER USE

☒ To obtain water

☐ To modify the bed or bank of a watercourse

☐ To alter the flow of, or store, water

☐ To cross a watercourse

☐ To divert a watercourse

☐ Flood control

☐ Other (describe): _____

7.	<p>QUANTITY OF WATER INVOLVED (litres per second, litres per day or cubic metres per year, including both quantity to be used and quality to be returned to source)</p> <p>5000 litres per day in camp (during peak period of April 1 – November 30); 1000 litres per day during off-peak periods 75,000 litres per day for three drills (during drilling season of April 1 – November 30)</p>									
8.	<p>WASTE (for each type of waste describe: composition, quantity, methods of treatment and disposal, etc.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Sewage <input type="checkbox"/> Solid Waste <input type="checkbox"/> Hazardous <input type="checkbox"/> Bulky Items/Scrap Metal </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Waste oil <input checked="" type="checkbox"/> Greywater <input type="checkbox"/> Sludges <input checked="" type="checkbox"/> Other (describe) <u>drilling water</u> </td> </tr> </table>	<input type="checkbox"/> Sewage <input type="checkbox"/> Solid Waste <input type="checkbox"/> Hazardous <input type="checkbox"/> Bulky Items/Scrap Metal	<input type="checkbox"/> Waste oil <input checked="" type="checkbox"/> Greywater <input type="checkbox"/> Sludges <input checked="" type="checkbox"/> Other (describe) <u>drilling water</u>							
<input type="checkbox"/> Sewage <input type="checkbox"/> Solid Waste <input type="checkbox"/> Hazardous <input type="checkbox"/> Bulky Items/Scrap Metal	<input type="checkbox"/> Waste oil <input checked="" type="checkbox"/> Greywater <input type="checkbox"/> Sludges <input checked="" type="checkbox"/> Other (describe) <u>drilling water</u>									
9.	<p>PERSONS OR PROPERTIES AFFECTED BY THIS UNDERTAKING (give name, mailing address and location; attach if necessary)</p> <p>Land Use Permit</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">DIAND</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 60%;">If no, date expected _____</td> </tr> <tr> <td>Regional Inuit Association</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If no, date expected _____</td> </tr> <tr> <td>Commissioner</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If no, date expected _____</td> </tr> </table>	DIAND	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date expected _____	Regional Inuit Association	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, date expected _____	Commissioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date expected _____
DIAND	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date expected _____								
Regional Inuit Association	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, date expected _____								
Commissioner	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date expected _____								
10.	<p>PREDICTED ENVIRONMENTAL IMPACTS OF UNDERTAKING AND PROPOSED MITIGATION MEASURES (direct, indirect, cumulative impacts, etc.)</p> <p>NIRB Screening <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, date expected <u>February 15, 2003</u></p> <p>See Environmental Management System included with original application dated December 18, 1998.</p>									
11.	<p>CONTRACTORS AND SUB-CONTRACTORS (name, address and functions)</p> <p>See list included with original application dated December 18, 1998.</p>									
12.	<p>STUDIES UNDERTAKEN TO DATE (list and attach copies of studies, reports, research, etc.)</p> <p>See bibliography attached.</p>									

13. THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION FOR THE REGULATORY PROCESS TO BEGIN

Supplementary Questionnaire (where applicable: see section 5) ☒ Yes ☐ No If no, date expected _____

Inuktitut/English Summary of Project ☐ Yes ☐ No If no, date expected _____

Application fee \$30.00 (c/o Receiver General for Canada) ☒ Yes ☐ No If no, date expected _____

14. PROPOSED TIME SCHEDULE

☐ Annual (or) ☒ Multi Year

Start Date: March 1, 2003 Completion Date: February 28, 2004

Jeff Welborn

Project Manager

Name (Print)

Title (Print)

Signature

Date

For Nunavut Water Board use only

APPLICATION FEE

Amount: \$ _____ Receipt No.: _____

WATER USE DEPOSIT Amount: \$ _____ Receipt No.: _____